ALLIANT credit union

P.O. Box 66945, 11545 W. Touhy Avenue, Chicago, Illinois 60666 800-328-1935 www.alliantcreditunion.org

HSA Authorized Signer Add/Delete Form

Please complete this form to add or delete an authorized signer to the Health Savings Account (HSA).

1. Account Owner Information

Member Account Number

First Name | Middle Name | Last Name

2. Add Authorized Signer

First Name | Middle Name | Last Name

Social Security Number/ITIN | Date of Birth | Mother's Maiden Name (required)

Street Address (include unit # - P.O. Box not accepted) | City | State/Province | Zip Code/Postal Code | Country

Home Phone | Cell Phone (optional)

Employment Status: ☐ Employed ☐ Homemaker ☐ Retired ☐ Self employed ☐ Student ☐ Unemployed

Occupation-If retired, previous occupation | Employer Name – if student, school name

Employer/School, City, State and Country

Work Phone (optional) | Email

ID# (e.g., U.S. Driver's License, State or Military ID, or a Passport) | Issuing State/Country | Issue Date | Expiration Date

3. Order HSA VISA Debit Card for New Authorized Signer

☐ Yes ☐ No I would like to order a new HSA VISA Debit Card for my New Authorized Signer?

The HSA VISA Debit Card for your Authorized Signer will be mailed to the primary address on record for the primary account owner. If you do not receive your card within 14 days, please contact Alliant Credit Union.

To order new HSA checks call 800-328-1935 (24/7).

4. Delete Authorized Signer

First Name | Middle Name | Last Name

Date of Birth

HSA VISA Debit Card will be deactivated for authorized user.

5. Signatures

X HSA Owner Signature (required) | Date | X Authorized Signer Signature (only if adding) | Date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735 ATTN: SPECIAL SERVICES.

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